

RPCH except to the extent permitted under paragraph (b) of this section.

(b) *Limitations on inpatient care*—(1) If the RPCH does not have a swing-bed agreement under § 485.645, it provides not more than six inpatient beds for providing inpatient RPCH care to patients, but only if—

(i) The patient requires stabilization before discharge or transfer to a hospital;

(ii) The patient's attending physician certifies that the patient may reasonably be expected to be discharged or transferred to a hospital within 72 hours of admission to the facility; and

(iii) The RPCH complies with the limitation on inpatient surgery set forth in paragraph (b)(3) of this section.

(2) If the RPCH has a swing-bed agreement under § 485.645, it provides inpatient RPCH care as described under paragraph (b)(1) of this section and, under the swing-bed agreement, provides posthospital SNF care.

(3) The RPCH does not provide any inpatient hospital services consisting of surgery or any other service requiring the use of general anesthesia (other than surgical procedures specified by HCFA under § 416.65 of this chapter), unless the attending physician certifies that the risk associated with transferring the patient to a hospital for such services outweighs the benefits of transferring the patient to a hospital for such services.

(c) *Exception for RPCHs designated by HCFA*. If an RPCH is designated by HCFA under the specific criteria in § 485.606(c), the RPCH is not subject to the requirements in this section.

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§ 485.616 Condition of participation: Agreement to participate in network communications system.

In the case of an RPCH that is a member of a rural health network as defined in § 485.603 of this chapter, the RPCH has in effect an agreement to participate with other hospitals and facilities in the communications system of the network, including the network's system for the electronic sharing of patient data, including telemetry and medical records, if the network has in operation such a system.

§ 485.618 Condition of participation: Emergency services.

The RPCH provides emergency care necessary to meet the needs of its inpatients and outpatients.

(a) *Standard: Availability*. Emergency services are available on a 24-hours a day basis.

(b) *Standard: Equipment, supplies, and medication*. Equipment, supplies, and medication used in treating emergency cases are kept at the RPCH and are readily available for treating emergency cases. The items available must include the following:

(1) *Drugs and biologicals* commonly used in life-saving procedures, including analgesics, local anesthetics, antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids, antiarrhythmics, cardiac glycosides, antihypertensives, diuretics, and electrolytes and replacement solutions.

(2) *Equipment and supplies* commonly used in life-saving procedures, including airways, endotracheal tubes, ambu bag/valve/mask, oxygen, tourniquets, immobilization devices, nasogastric tubes, splints, IV therapy supplies, suction machine, defibrillator, cardiac monitor, chest tubes, and indwelling urinary catheters.

(c) *Standard: Blood and blood products*. The facility provides, either directly or under arrangements, the following:

(1) Services for the procurement, safekeeping, and transfusion of blood, including the availability of blood products needed for emergencies on a 24-hours a day basis.

(2) Blood storage facilities that meet the requirements of 42 CFR part 493, subpart K, and are under the control and supervision of a pathologist or other qualified doctor of medicine or osteopathy. If blood banking services are provided under an arrangement, the arrangement is approved by the facility's medical staff and by the persons directly responsible for the operation of the facility.

(d) *Standard: Personnel*—(1) There must be a practitioner with training or experience in emergency care on call and immediately available by telephone or radio contact, and available on site within 30 minutes, on a 24-hours a day basis.